



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 7<sup>th</sup> edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

FOR  
MUNICIPALITY  
USE  
*Revised January  
1, 2008*

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_  
Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address: \_\_\_\_\_  
1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_  
1.2 Assessors Map & Parcel Numbers  
Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_  
1.3 Zoning Information: \_\_\_\_\_  
Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_  
1.4 Property Dimensions:  
Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L.c. 40, § 54)  
Public ☐ Private ☐  
1.7 Flood Zone Information:  
Zone: \_\_\_\_\_ Outside Flood Zone? \_\_\_\_\_  
Check if yes ☐  
1.8 Sewage Disposal System:  
Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

2.1 Owner<sup>1</sup> of Record:

Name (Print) \_\_\_\_\_ Address for Service: \_\_\_\_\_  
Signature \_\_\_\_\_ Telephone \_\_\_\_\_

SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐  
Demolition ☐ Accessory Bldg. ☐ Number of Units \_\_\_\_\_ Other ☐ Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

## SECTION 5: CONSTRUCTION SERVICES

### 5.1 Licensed Construction Supervisor (CSL)

License Number _____ Expiration Date _____  Name of CSL Holder _____  Address _____  Signature _____  Telephone _____	List CSL Type (see below) _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (up to 35,000 Cu. Ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&amp;2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry Only</td> </tr> <tr> <td>RC</td> <td>Residential Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Residential Window and Siding</td> </tr> <tr> <td>SF</td> <td>Residential Solid Fuel Burning Appliance Installation</td> </tr> <tr> <td>D</td> <td>Residential Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (up to 35,000 Cu. Ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry Only	RC	Residential Roofing Covering	WS	Residential Window and Siding	SF	Residential Solid Fuel Burning Appliance Installation	D	Residential Demolition
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### 5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____  Address _____  Signature _____ Telephone _____	Registration Number _____  Expiration Date _____
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## SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ..... ☐ No ..... ☐

### SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 7b: OWNER OR AUTHORIZED AGENT DECLARATION

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name \_\_\_\_\_

Signature of Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_  
(Signed under the pains and penalties of perjury)

#### NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

Total floors area (Sq. Ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (Sq. Ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

## Section 8 Additional Approvals

**Planning & Conservation Dept.**

**Wetlands**

I certify that I have reviewed plans as submitted and  
hereby approve

Date

\_\_\_\_\_  
Conservation Agent

**Planning & Conservation Dept.**

I certify I have inspected the proposed site plan and  
hereby approve

Date

\_\_\_\_\_  
Director of Planning & Conservation

**Zoning Decision(s)**

Hearing Date

Decision - Finding

Date Received

**City Engineer**

I certify I have inspected the proposed plot plan and  
do hereby assign the following street number

Date

\_\_\_\_\_  
City Engineer

**Board of Health**

well approved

septic design approved

abandonment


Date

\_\_\_\_\_  
Sanitary Inspector

**Fire Prevention**

I certify I have inspected the plans and hereby approve

Date

\_\_\_\_\_  
Fire Prevention Inspector

**Plumbing/Gas Insp.**

I certify I have inspected the plans and hereby approve

Date

\_\_\_\_\_  
Plumbing Inspector

**Department of Public Works**

city water

private well

fire service

city sewer

private septic

curb cut/street opening

trench permit

sewer/I/I permit

backflow device

back water valve


\_\_\_\_\_  
Division Supervisor

\_\_\_\_\_  
Asst. DPW Commissioner

Date

For Office Use Only

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

NAME OF CITY/TOWN \_\_\_\_\_

## AFFIDAVIT

Home Improvement Contractor Law  
Supplement to Permit Application

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition or construction of an addition to any pre-existing owner occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements

Type of Work: \_\_\_\_\_ Est. Cost \_\_\_\_\_

Address of Work \_\_\_\_\_

Owner Name: \_\_\_\_\_

Date of Permit Application: \_\_\_\_\_

I hereby certify that:

Registration is not required for the following reason(s):

\_\_\_\_\_ Work excluded by law

\_\_\_\_\_ Job under \$1,000

\_\_\_\_\_ Building not owner occupied

\_\_\_\_\_ Owner pulling own permit

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OF GUARANTY FUND UNDER MGL c.142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date \_\_\_\_\_

Contractor Name \_\_\_\_\_

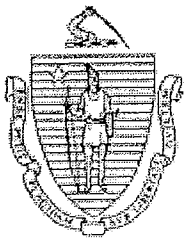
Registration No. \_\_\_\_\_

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date \_\_\_\_\_

Owner Name \_\_\_\_\_



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111  
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers  
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you an employer? Check the appropriate box:

- |   |   |
|---|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.*

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

CITY OF TAUNTON

DEBRIS REMOVAL AFFADAVIT

In accordance with the provisions of MGL c 40, S. 54, a condition of Building Permit #\_\_\_\_\_ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility by MGL c 111, S.150A.

The debris will be disposed of in:

\_\_\_\_\_  
(Location of Facility)

\_\_\_\_\_  
(Signature of Permit Applicant)

\_\_\_\_\_  
(Date)

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